INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES

COMMITTEE: Quality Service Delivery Systems

RECORDER: Peter Guerrero **DATE**: February 26, 2004

COMMITTEE MEMBERS

PRESENT: Marcy Gallagher, co-chair, Marie Poulsen, co-chair, Jim Bellotti, James O. Cleveland, Linda Landry, Kris Pilkington, Kate Warren, Beverly Morgan-Sandoz, Fran Chasen, and Lois Pastore
GUESTS: Susan Graham
STAFF: Virginia Reynolds and Peter Guerrero, WestEd/CPEI
DDS LIAISONS: Dennis Self and Sharon Rea Zone
ABSENT: Brigitte Ammons, Ruth Cook, Diane Kellegrew, Lynn Lorber, and Julie Woods

SUMMARY OF IMPORTANT POINTS, ACTIONS CONSIDERED AND RECOMMENDATIONS

I. INTRODUCTIONS – AGENDA REVIEW: The committee was provided with an agenda based upon the last meeting.

II. REVIEW AND APPROVAL OF MINUTES: Minutes/Tracking Tool were reviewed and approved.

III. CHAIR'S REPORT: Marie Poulsen reported that the executive committee met this morning and developed a charge to the committees to evaluate the data prepared by DDS on early entry through development of the initial IFSP. IFSP Development and Transition may be explored this week time permitting.

The Chair and Co-Chair will meet with other members of the executive committee at 3:30 to attempt to condense the committee discussions into a more developed implementation plan for presentation at tomorrow's ICC meeting.

IV. COMMITTEE TASKS AND ACTIVITIES: Dennis Self distributed and guided the group through the DDS data reports. Most of the time was spent on Child Find/Public Awareness report.

Child Find/Public Awareness by Early Start Community identifies:

- Twenty (20) Child Find/Public Awareness activities identified across the state,
- ES areas implementing each activity,
- Percentage of ES areas implementing each activity, and
- Number of activities each ES area reports/implements.

Some of the questions raised and areas explored with Dennis were:

- Identifying age of entry by diagnosis to target identifying specific groups earlier and comparing the information to national or state benchmarks.
- Identifying ways to identify that benchmark data.
- Look specifically at California data before looking at national information.
- Get data reflecting mean age at point of referral (originally requested from the Department).
- Get Early Head Start referral information
- Limiting the detail into which we examine outreach activities (frequency, personnel, time-spent, etc.)
- Effect of prevention activities on birthrates as compared to other states
- Identify and examine high value outreach activities and correlate to high referral sources
- Compare referral sources with frequency of targeted outreach activities.
- Are the reports presented useful in determining a correlation? If not, determine an appropriate level of effort put into examining these reports.
- Determine if assumption that children are not entering the ES system early enough is a valid one and identify activities to confirm.
- Are we more interested in identifying children earlier (with earlier IFSP dates) or more children (percentage of live births)?
- Does early identification result in more referrals overall?
- Identify ancillary programs serving the same age group that are not counted in ES counts and including non duplicated numbers that would meet ES eligibility.
- Identify newly implemented community programs that play a role in identifying and referring children.
- Identify newly implemented community programs that play a role in identifying and referring children to ES at a later age.
- Identify barriers to early identification and early service implementation
- Identify institutions that may be present in some areas that contribute to higher referral rates (e.g. LA County Hospital)
- How do population rates affect referral rates regardless of outreach activity?
- Identify best practice outreach efforts
- Are we including children in referral rates who are referred but not found eligible or whose parents elect not to have services? Do other states include these numbers?
- How will CADIS affect the data being collected?
- CDE and DDS do not easily share information that would facilitate data collection (e.g., looking at Part B data and identifying children not served under part C).
- Is the ES Annual Report a better data source for the three areas?

It was agreed that the objective of these early data analysis discussions was to develop a comprehensive body of knowledge on which the committee could base action plan

recommendations that support achievement of ICC goals. The members of the committee requested that the above be reported in the minutes for continued discussion in the future.

V. DISCUSSION OF OTHER COMMITTEE ISSUES: No additional discussion.

VI. ACTION AND RECOMMENDATIONS: See QSDS Information Processing and Tracking Tool.

NEXT MEETING: See QSDS Information Processing and Tracking Tool.

The meeting was adjourned at 3:30 PM. Discussion of the data and priorities continued through the Executive Committee that immediately followed.

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
Early Entry	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency to ensure: by 12/04 the age of children referred to and entering the ES system will be lowered by at least 6 months	1) Review current outreach practices to identify promising practices and gaps in the system. 2) Develop a survey for physicians, parents, and ES Programs. 3) Joint planning by the ICC committees regarding best practices and dissemination plans. 4) Determine efficacy of outreach efforts. Determine demographics, diagnosis and other variables specific to children eligible for Part B and/or RC services at age three who did not participate in Early Start.	The Child Find/Public Awareness by Early Start Community Report identified: Twenty (20) Child Find/Public Awareness activities implemented across the state, ES areas implementing each activity, percentage of ES areas implementing each activity, and the number of activities each ES area reports/implements. The committee requests the following information: 1) Clarification if the department is more interested in identifying children earlier (with earlier IFSP dates) or more children (percentage of live births) 2) A data element be included, in the CASEMIS system, reflecting whether a child entering preschool special education or RC services at age three did or did not receive Part C	PERSON RESPONSIBLE: Dennis Self DUE DATE: May 20, 2004 ICC meeting or before. Information and reports including: • CASEMIS • Early Start Report form and summary report • mean age of age cohorts at time of referral to ES • children determined eligible for RC (and LEA) at age three without ES history (from November's

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
				services. Following the November meeting Jim Bellotti, CDE, provided information on children entering public school at age three. See attached. 3) An opportunity to determine if additional data elements are needed in CASEMIS. 4) Data reflecting mean age, by age cohort, at point of referral as originally requested. 5) Sources of referrals per age cohort (0-1, 1-2, 2-3) 6) A data summary based upon the ES Report. 7) Consideration of developing a strategy for archiving (collecting) effective practice in Early Identification and "high value" outreach activities	minutes).

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
				that can be identified and correlated to high sources of referrals. 8) A list of all ES data collection activities and reports generated. 9) If possible, a method to track funds spent on Child Find and Public Awareness activities per ES program.	
IFSP	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency to ensure all IFSPs will document: • All service needs identified by assessments • Referral to an FRC • MDTs and assessor participation • PHCP or Medical Home	1) Review monitoring reports 2) Provide training and personnel development to parents, RCs, LEAs, and partner agencies. 3) Outreach and coordination with PHCP. 4) Develop a strategy for archiving (collecting) effective practice in IFSP Development.	Monitoring reports.	

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
		Advise and assist the lead agency to ensure: 100% of families will receive a copy of an appropriately prepared IFSP by the end of the meeting; Services begin as soon as possible.	Technical and training assistance.	Monitoring procedure.	
Transition	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency in: Ways to improve transition coordination; Enhance service coordination; Increase family satisfaction.	1) Provide transition training for service coordinators, service providers, administrators, managers, health care agency personnel, CCS, and CDSS child care providers. 2) Coordinate training efforts with DDS, CDE and DHS. 3) Collaborate with FRSC on IFSP booklet.	Monitoring reports A strategy for archiving (collecting) effective practice in Transition. ES MOUs between DDS and DHS. Current training materials and available literature.	

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
			4) Coordinate with MAP on funding issues. 5) Review regulations governing service coordinator competencies.		